

## **SBAR (PDMP-state vs St. Louis County, dialogue, exploration of and program updates for the counties not under the St. Louis County PDMP)**

### **1. Situation: (Brief description of the current issue or situation requiring project/program.)**

Due to non-action on the part of state legislators in passing a state-wide PDMP, St. Louis County Health Department was successful in establishing it's own PDMP with the ability to have other counties and cities join them. To date (July 12, 2018) the following is noted for the St. Louis County PDMP:

- Have over 12,300 approved users.
- 64 jurisdictions have enacted authorizing legislation
- 81% of state population
- 92% of healthcare providers
- Averaging 3,750 patient searches per day.
- Averaging 23,000 controlled substance dispensations per day.

Former Governor Greiten enacted a state-wide PDMP, but there is a lack of communication between the two programs (State vs St. Louis County).

### **2. Background: (Relevant background data about current situation and current and past approaches to the situation)**

Missouri was the last state to have a drug monitoring program in place. According to the 2017 Point of Care Partners' article entitled, "Missouri Creates a Unique PDMP", the Missouri PDMP is to look like:

The PDMPs in other states and in many specific counties in Missouri (led by St. Louis) allow prescribers and dispensers to electronically check the database and see entries before a prescription is written and/or dispensed, depending on state law. Missouri's state-wide PDMP solution will be a multi-stage effort that is radically different.

In the first phase, the state's Department of Health and Senior Services (DHSS) must enter into contracts with all pharmacy organizations to analyze prescriber and pharmacy prescriptions and dispensing data for schedule II-IV controlled substances.

The second phase requires dispensers to submit their controlled substance prescription and dispensing information to DHSS to be looked over to identify any instances of controlled substances being inappropriately given out or prescribed.

The final step requires DHSS to work with private companies and government entities to purchase the tools and technology to properly monitor the prescription information that is sent to DHSS or its designee as part of the PDMP. The work of running the program apparently could be contracted out because the Executive Order mentions state officials or a "designee."

### **3. Assessment: (Your assessment about the situation and description of project or program that might address the situation.)**

As noted above, the St. Louis County PDMP is covering 81% of the population and 92% of the HCPs in the state. Those counties and jurisdictions that have joined the St. Louis County PDMP have started receiving meaningful data in regards to who is using the system and the number of narcotic prescriptions written in each of the counties. St. Louis County has a well-established system in place that is easy to use and easy to understand. We've heard at the last state-wide meeting about Narcan projects, but we aren't being kept up-to-date on the state's progress on its PDMP. What is it costing for the state to develop a whole new program? Are the counties going to end up duplicating work on something they already have in place and that is working well and with grant funding, is not costing the counties anything at this time? Those counties who have joined the St. Louis County PDMP are getting reports on their counties and updates on the program, but the counties who have chosen not to apply or who have had resistance from their commissioners or board members are not getting updated information that might help swing their county to adopt a PDMP so that this drug war is being fought by all and consistently.

**4. Recommendation/ Request : (policy, personnel, other resources needed to accomplish the project or program)**

I am requesting that this topic be placed upon the August 29<sup>th</sup> and 30<sup>th</sup> agenda so that St. Louis County can provide an update to health department administrators from the whole state. I'd also like to see dialog with a Q&A session with updates as to how the state program is progressing on its PDMP. I'd also like to see DHSS, all the lphas, MOALPHA and MOPHA draft legislation with identified legislators such as Rep. Rader to get one passed by the representatives and senators –one that was guided by people such as the above, to write legislation that can be agreed upon by most, if not all, that is evidenced-based and not political. It is time we in public health become

**PRO-ACTIVE** and not reactive as we usually seem to be.